

EXHIBIT B

ONPCNA03
PO Box 1022
Wixom MI 48393-1022

PREMIERE CREDIT

of North America, LLC

Complaints or Compliments? Call Toll-free 855-403-1894

844-825-0705 TOLL FREE

☐ Please check if address has changed.
Note new address on reverse.

Creditor: **AMSURG OAK LAWN IL ANESTHESIA LLC**
Primary Account #: [REDACTED] 8112

Date 09/20/2016

3002 823653488



LUVENIA ELVERTON

[REDACTED]

PREMIERE CREDIT OF NORTH AMERICA, LLC
PO Box 24850
Nashville TN 37202-4850



PLEASE RETURN UPPER PORTION WITH PAYMENT. COMPLETE REVERSE SIDE IF YOU HAVE A NEW ADDRESS AND RETURN TO ADDRESS ABOVE

Total Principal \$ 3060.00
Total Amount Due \$ 3060.00

*All amounts listed are current as of the date of this letter.

< SEE REVERSE SIDE FOR DETAILED ACCOUNT INFORMATION >

Your accounts owed to the above listed creditor have been referred to Premiere Credit of North America, LLC for the purpose of securing payment.

Please mail all payments and correspondence to:

Premiere Credit of North America, LLC
PO Box 199014
Indianapolis IN 46219

You may make payment online at www.mypcnalgin.com Access Code 1.12507709.510.

Unless you notify this office within 30 days after receiving this notice that you dispute the validity of this debt or any portion thereof, this office will assume this debt is valid. If you notify us in writing within 30 days from receiving this notice that you dispute the validity of this debt or any portion thereof, we will obtain verification of the debt or obtain a copy of a judgment and mail you a copy of such judgment or verification. If you request, in writing, within 30 days after receiving this notice, we will provide the name and address of the original creditor, if different from the current creditor.

THIS COMMUNICATION IS FROM A DEBT COLLECTOR. THIS IS AN ATTEMPT TO COLLECT A DEBT AND ANY INFORMATION OBTAINED WILL BE USED FOR THAT PURPOSE.

*** PLEASE SEE REVERSE SIDE FOR IMPORTANT INFORMATION ***

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Correspondence Address: PO Box 199014, Indianapolis IN 46219 • Street Address: 100 Centerview Dr Suite 220, Nashville TN 37214
Phone: 844-825-0705 • Office Hours Monday-Friday 8AM-5PM CST/CDT

ELVERTON 000001

Please update your contact information below, and return the completed form to the address on the prior page.

Address: _____

City, State, Zip Code: _____

Please provide your cell phone number and/or email address below. Carefully read the paragraph following which explains you are providing express consent for Premiere Credit to contact you by cell phone and/or email.

Cell phone number: _____

Email address: _____

By entering my cell phone number above, I expressly consent to being contacted on this or a future cell number by an automatic telephone dialing system. By entering my email address above, I expressly consent to being contacted about my account via email. I understand that I will need access to an email account and have Adobe Acrobat Reader installed to open any attachments that may be sent. I understand that I may revoke my consent to be contacted by email or cell phone by contacting Premiere Credit directly at 877-636-9792 or at the address on the prior page, or by email at clientservices@premierecredit.com.

ACCOUNT INFORMATION

Account#	Balance	Interest Rate	Creditor
██████3112	1477.00	0.0000%	AMSURG OAK LAWN IL ANESTHESIA LLC
██████4089	1583.00	0.0000%	OAK LAWN ENDOSCOPY ASC LLC

ELVERTON 000002